

NMCP Periodic Health Assessment (PHA)

Name: \_\_\_\_\_

Birth Month: \_\_\_\_\_

Dept/Directorate: \_\_\_\_\_

SSN: \_\_\_\_\_

Staff initials: \_\_\_\_\_

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**ALL FEMALES - PCM APPOINTMENT:** (*Female specific health screening*)

Call 1-866-MIL-HLTH and book a PHA Well Woman Exam Date: \_\_\_\_\_

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**LABORATORY** Date \_\_\_\_\_

☐ HIV ☐ DNA ☐ G6PD ☐ Blood Type ☐ Other: \_\_\_\_\_

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**IMMUNIZATIONS** (*2deck, Bldg 2, 0730-1600, 953-1975*): Date \_\_\_\_\_

☒ PPD ☐ Influenza ☐ Tetanus-Diphtheria ☐ Hep A ☐ MMR

☐ IPV ☐ Other: \_\_\_\_\_

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**POMI / INDIVIDUAL MEDICAL EQUIPMENT** (*4<sup>th</sup> deck, Bldg 3, 0730-1600, 953-5302*)

Date/MRRS entry: \_\_\_\_\_

☐ Medical Warning Tags ☐ 2 pairs of spectacles ☐ Gas mask inserts

☐ Platform/UIC \_\_\_\_\_

**If you require vision correction**, please present with two pairs of glasses. Contact lenses are not approved unless documented as mission essential in health record.

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**DENTAL EXAM/CLEANING** (*2<sup>nd</sup> deck, Bldg 2, 953-2711*): ☒ Dental Class \_\_\_\_\_

Date/DENCAS entry \_\_\_\_\_

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**VISION – Everyone will have a visual acuity testing at their PHA appointment. Note: (Do Not Go To Ophthalmology/ Optometry)** Contact lenses are not approved for visual acuity testing unless documented as mission essential in health record.

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**PREVENTIVE MEDICINE** (*5<sup>th</sup> deck, Bldg 3, 0730-1600, M-F, walk-in, 953-5211*)

☐ PPD Converter Counseling ☐ Other: \_\_\_\_\_

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**REFERRALS:**

☐ PCM ☐ Audiology ☐ Optometry ☐ Behavioral Health ☐ OB/GYN ☐ Dietician  
☐ Occ Health ☐ PrevMed/Epidemiology ☐ Chaplain ☐ DAPA ☐ FFSC ☐ EFMP  
☐ Semper Fit ☐ Tobacco Cessation ☐ Weight Management ☐ Post Deployment Health Team  
☐ Other: \_\_\_\_\_

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**QUESTIONNAIRES** Print out questionnaire and bring to PHA appointment if you do not have access you may complete this portion at your PHA appointment.

☒ HART- R or Fleet Health Risk Appraisal (HRA) <http://164.167.141.46/pls/newhra/hra>

Login: Command's UIC, i.e. 00183, 3149A

☐ Physical Activity Risk Factor Questionnaire (*Results reviewed with PHA staff*) <https://prims.bol.navy.mil/>

☐ Post Deployment Health Assessment <https://www-nehc.med.navy.mil/edha/>

☐ Post Deployment Health Re-assessment <https://www-nehc.med.navy.mil/edha/>

- Click "new user" and input password: FOHedha5\$ (case sensitive)

- Register, - Create New Survey (Post Deployment or Post Deployment Reassessment)

**Please have each department initial upon completion. Complete all indicated IMR requirements prior to PHA. PHA appointment must be completed during your birth month.**

*PHA Department Staff Use Only*

☐ MRRS Update ☐ 2766 Update ☐ CHCS II/AHLTA ☐ IMR Data Sheet